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|--|------------------------|--|--------------------|-----------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i> | Attorney Docket No.    |  | B02-67             | Total Pages: 32 |
|  | First Named Inventor   |  | Manjari Kuntimaddi |                 |
|  | Title                  | MONODISPERSE TELECHELIC AMINE-BASED<br>POLYUREAS FOR USE IN GOLF BALLS |                    |                 |
|  | Express Mail Label No. |  | EV065937215US      |                 |

22264 U.S. PTO  
 10/656756  
 09/05/03

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| <b>APPLICATION ELEMENTS</b><br><br><i>See M.P.E.P Chapter 600 concerning utility patent application contents.</i> | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>PO Box 1450<br>Alexandria, VA 22313-1450 |
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|   |   |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form<br><i>(Submit an original and a duplicate for fee processing)</i><br><br>2. <input checked="" type="checkbox"/> Specification [Total Pages: <u>31</u> ]<br><ul style="list-style-type: none"> <li>• Descriptive title of invention</li> <li>• Cross-reference to related applications</li> <li>• Background of the invention</li> <li>• Brief Summary of the Invention</li> <li>• Brief Description of the Drawings <i>(if filed)</i></li> <li>• Detailed Description</li> <li>• Claims</li> <li>• Abstract of the Disclosure</li> </ul> 3. <input type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets: <u>0</u> ]<br><br>4. Oath or Declaration [Total Pages: <u>1</u> ]<br>a. <input checked="" type="checkbox"/> Newly executed <i>(original or copy)</i><br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 12 completed)</i> | <b>ACCOMPANYING APPLICATION PARTS</b><br><br>5. <input checked="" type="checkbox"/> Assignment papers <i>(cover sheet and document(s))</i><br><br>6. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. § 122<br>(b)(2)(B)(i). Must attach Form PTO/SB/35.<br><br>7. <input checked="" type="checkbox"/> Information Disclosure Statement/Reference List<br>a. <input checked="" type="checkbox"/> Copies of citations<br><br>8. <input type="checkbox"/> Preliminary Amendment<br><br>9. <input checked="" type="checkbox"/> Return Receipt Postcard <i>(M.P.E.P. § 503)</i><br><i>(should be specifically itemized)</i><br><br>10. <input type="checkbox"/> Other: |
|---|---|

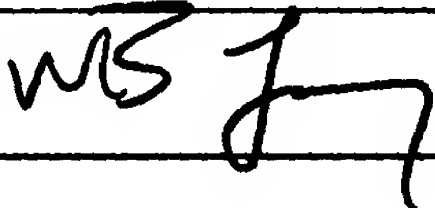
11. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

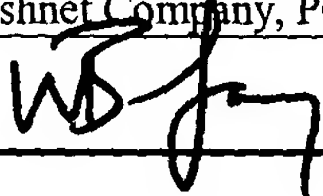
☐ Continuation  
 ☐ Divisional  
 ☐ Continuation-in-part (CIP)  
 of prior application No.: \_\_\_\_\_

Prior application information:      Examiner: \_\_\_\_\_      Group Art Unit: \_\_\_\_\_

The entire disclosure of the prior application is considered a part of the disclosure of the accompanying Continuation, Divisional or Continuation-in-part application, and is hereby incorporated by reference.

| 12. CORRESPONDENCE ADDRESS |                                     |           |                |          |                |
|----------------------------|-------------------------------------|-----------|----------------|----------|----------------|
| Name                       | William B. Lacy<br>Acushnet Company |           |                |          |                |
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| City                       | Fairhaven                           | State     | MA             | Zip Code | 02719-0965     |
| Country                    | U.S.                                | Telephone | (508) 979-3540 | Fax      | (508) 979-3092 |

|           |   |                                   |                   |
|-----------|---|-----------------------------------|-------------------|
| Name      | William B. Lacy   | Registration No. (Attorney/Agent) | 48,619            |
| Signature |  | Date                              | September 5, 2003 |

| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br><i>Patent fees are subject to annual revision.</i>  |   | <i>Complete if Known</i>   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
|---|---|--|---|-----------------|----------------|-----------------|--------------|--------------------|----------|-------------------------------------|-------------|--------------------|----|--|-----|--------------------|----------|---------------------------|-----------------|------------------------|-------|--|------|------|-----------------------------------|--|----|---|--------|---|---|--------------------------|-----|--|--|------|-----|---|--|------|-----|--|--|------|-------|---|--|------|-------|--|--|------|-----|------------------|--|------|-----|--|--|------|-----|--------------------------|--|------|-------|---|--|------|-----|----------------------------------|--|------|-------|------------------------------------|--|------|-------|--------------------------------|--|------|-----|------------------|--|------|-----|-------------------------------|--|------|----|-------------------------------------|--|------|-----|---|--|------|----|--|----|------|-----|---|--|------|-----|--|--|------|-----|---|--|------|-----|---|--|------|-----|----------------------|--|---------------------------|--|--|--|--------------------------|--|-----------|--|
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 880.00  |   | Application Number      To Be Assigned   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
|   |   | Filing Date      September 5, 2003   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
|   |   | First Named Inventor      Manjari Kuntimaddi   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
|   |   | Examiner Name      To Be Assigned  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
|   |   | Group Art Unit      To Be Assigned   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
|   |   | Attorney Docket No.      B02-67  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <b>METHOD OF PAYMENT</b>  |   | <b>FEE CALCULATION (continued)</b>   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>502309</b><br>Deposit Account Name <b>Acushnet Company</b><br>The Commissioner is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br>to the above-identified deposit account.   |   | <b>3. ADDITIONAL FEES</b><br>Large Entity<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Fee Code</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 60%;">Fee Description</th> <th style="width: 20%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge – late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td style="text-align: center;">40</td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>Request for continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td>1814</td><td>110</td><td>Statutory Disclaimer</td><td></td></tr> <tr> <td colspan="2">Other fee (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"> <b>SUBTOTAL (3) (\$)</b> </td> <td colspan="2" style="text-align: center;"> <b>40</b> </td> </tr> </tbody> </table> |   | Fee Code        | Fee (\$)       | Fee Description | Fee Paid     | 1051               | 130      | Surcharge – late filing fee or oath |             | 1052               | 50 | Surcharge – late provisional filing fee or cover sheet |     | 1053               | 130      | Non-English specification |                 | 1812                   | 2,520 | For filing a request for <i>ex parte</i> reexamination |      | 1804 | 920*                              | Requesting publication of SIR prior to Examiner action |    | 1805  | 1,840* | Requesting publication of SIR after Examiner action |   | 1251                     | 110 | Extension for reply within first month |  | 1252 | 410 | Extension for reply within second month |  | 1253 | 930 | Extension for reply within third month |  | 1254 | 1,450 | Extension for reply within fourth month |  | 1255 | 1,970 | Extension for reply within fifth month |  | 1401 | 320 | Notice of Appeal |  | 1402 | 320 | Filing a brief in support of an appeal |  | 1403 | 280 | Request for oral hearing |  | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | Petition to revive – unavoidable |  | 1453 | 1,300 | Petition to revive – unintentional |  | 1501 | 1,300 | Utility issue fee (or reissue) |  | 1502 | 470 | Design issue fee |  | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 1809 | 750 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 750 | Request for continued Examination (RCE) |  | 1802 | 900 | Request for expedited examination of a design application |  | 1814 | 110 | Statutory Disclaimer |  | Other fee (specify) _____ |  |  |  | <b>SUBTOTAL (3) (\$)</b> |  | <b>40</b> |  |
| Fee Code  | Fee (\$)  | Fee Description  | Fee Paid                                      |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1051  | 130   | Surcharge – late filing fee or oath  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1052  | 50  | Surcharge – late provisional filing fee or cover sheet   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1053  | 130   | Non-English specification  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1812  | 2,520   | For filing a request for <i>ex parte</i> reexamination   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1804  | 920*  | Requesting publication of SIR prior to Examiner action   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1805  | 1,840*  | Requesting publication of SIR after Examiner action  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1251  | 110   | Extension for reply within first month   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1252  | 410   | Extension for reply within second month  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1253  | 930   | Extension for reply within third month   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1254  | 1,450   | Extension for reply within fourth month  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1255  | 1,970   | Extension for reply within fifth month   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1401  | 320   | Notice of Appeal   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1402  | 320   | Filing a brief in support of an appeal   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1403  | 280   | Request for oral hearing   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1451  | 1,510   | Petition to institute a public use proceeding  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1452  | 110   | Petition to revive – unavoidable   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1453  | 1,300   | Petition to revive – unintentional   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1501  | 1,300   | Utility issue fee (or reissue)   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1502  | 470   | Design issue fee   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1460  | 130   | Petitions to the Commissioner  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1807  | 50  | Processing fee under 37 CFR 1.17(q)  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1806  | 180   | Submission of Information Disclosure Stmt  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 8021  | 40  | Recording each patent assignment per property (times number of properties)   | 40  |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1809  | 750   | Filing a submission after final rejection (37 CFR 1.129(a))  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1810  | 750   | For each additional invention to be examined (37 CFR 1.129(b))   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1801  | 750   | Request for continued Examination (RCE)  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1802  | 900   | Request for expedited examination of a design application  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1814  | 110   | Statutory Disclaimer   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| Other fee (specify) _____   |   |  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <b>SUBTOTAL (3) (\$)</b>  |   | <b>40</b>  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <b>FEE CALCULATION</b>  |   |  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <b>1. BASIC FILING FEE</b><br>Large Entity<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Fee Code</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 60%;">Fee Description</th> <th style="width: 20%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>Utility filing fee</td><td style="text-align: center;">750</td></tr> <tr><td>1002</td><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"> <b>SUBTOTAL (1) (\$)</b> </td> <td style="text-align: center;"> <b>750</b> </td> </tr> </tbody> </table>   |   | Fee Code   | Fee (\$)                                      | Fee Description | Fee Paid       | 1001            | 750          | Utility filing fee | 750      | 1002                                | 330         | Design filing fee  |    | 1004   | 750 | Reissue filing fee |          | 1005                      | 160             | Provisional filing fee |       | <b>SUBTOTAL (1) (\$)</b>                               |      |      | <b>750</b>                        |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| Fee Code  | Fee (\$)  | Fee Description  | Fee Paid                                      |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1001  | 750   | Utility filing fee   | 750   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1002  | 330   | Design filing fee  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1004  | 750   | Reissue filing fee   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1005  | 160   | Provisional filing fee   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <b>SUBTOTAL (1) (\$)</b>  |   |  | <b>750</b>                                    |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="width: 10%;">Extra Claims</th> <th style="width: 10%;">Fee From Below</th> <th style="width: 20%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">25</td> <td>- 20** =</td> <td style="text-align: center;">5</td> <td style="text-align: center;">18 × 5 = 90</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td>- 3** =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">84 × 0 = 0</td> </tr> </tbody> </table> Large Entity<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Fee Code</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 80%;">Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>Independent claims in excess of 3</td></tr> <tr><td>1204</td><td>84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="2" style="text-align: right;"> <b>SUBTOTAL (2) (\$)</b> </td> <td style="text-align: center;"> <b>90</b> </td> </tr> </tbody> </table> |   |  |   | Extra Claims    | Fee From Below | Fee Paid        | Total Claims | 25                 | - 20** = | 5                                   | 18 × 5 = 90 | Independent Claims | 3  | - 3** =  | 0   | 84 × 0 = 0         | Fee Code | Fee (\$)                  | Fee Description | 1202                   | 18    | Claims in excess of 20                                 | 1201 | 84   | Independent claims in excess of 3 | 1204   | 84 | **Reissue independent claims over original patent | 1205   | 18  | **Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) (\$)</b> |     | <b>90</b>                              |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
|   |   | Extra Claims   | Fee From Below                                | Fee Paid        |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| Total Claims  | 25  | - 20** =   | 5   | 18 × 5 = 90     |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| Independent Claims  | 3   | - 3** =  | 0   | 84 × 0 = 0      |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| Fee Code  | Fee (\$)  | Fee Description  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1202  | 18  | Claims in excess of 20   |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1201  | 84  | Independent claims in excess of 3  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1204  | 84  | **Reissue independent claims over original patent  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| 1205  | 18  | **Reissue claims in excess of 20 and over original patent  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <b>SUBTOTAL (2) (\$)</b>  |   | <b>90</b>  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| **or number previously paid, if greater; For Reissues, see above  |   | *Reduced by Basic Filing Fee Paid  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| <b>SUBMITTED BY</b>   |   |  |   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| Name  | William B. Lacy   |  | Registration No. (Attorney/Agent)      48,619 |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| Address   | Acushnet Company, PO Box 965, Fairhaven, MA 02719-0965                              |  | Telephone      (508) 979-3540                 |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |
| Signature   |  |  | Date      September 5, 2003                   |                 |                |                 |              |                    |          |                                     |             |                    |    |  |     |                    |          |                           |                 |                        |       |  |      |      |                                   |  |    |   |        |   |   |                          |     |  |  |      |     |   |  |      |     |  |  |      |       |   |  |      |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                               |  |      |    |                                     |  |      |     |   |  |      |    |  |    |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |     |                      |  |                           |  |  |  |                          |  |           |  |